FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

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OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response.....16.00

SEC USE ONLY

Serial

030307 11	SECTION 4(6), AND/OR	DATE RECEIVED
UNIFORM I	LIMITED OFFERING EXEM	PTION
Name of Offering (Acheck if this is an amendment and Sale of Common Stock	d name has changed, and indicate change.)	RECEIVED
Filing Under (Check box(es) that apply):	Rule 505 Rule 506 Section 4(6)	MWA 1 3 5003
	A. BASIC IDENTIFICATION DATA	13/
1. Enter the information requested about the issuer		187
Name of Issuer (check if this is an amendment and no GAC MidAmerica, Inc.	ame has changed, and indicate change.)	
Address of Executive Offices 1630 Timberwolf, Holland, Ohio	(Number and Street, City, State, Zip Code) 43528	Telephone Number (Including Area Code) (419) 865–8000
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Manufacturer and distributor of	fine and specialty chemi	cals
	ership, already formed other (pership, to be formed	olease specify): MAY 1 4 200
Actual or Estimated Date of incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-		nated THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

OH

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- Attention -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or n	
Each executive officer and director of corporate issuers and of corporate general and managing partr Fact executive officer and director of corporate issuers and of corporate general and managing partr Fact executive of corporate issuers and of corporate general and managing partr Fact executive of corporate issuers and of corporate general and managing partr Fact executive of corporate issuers and of corporate general and managing partr Fact executive of corporate issuers and of corporate general and managing partr Fact executive of corporate issuers and of corporate general and managing partr Fact executive of corporate issuers and of corporate general and managing partr Fact executive of corporate general and managing partr	ners of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direction Direction J. Poure	ctor General and/or Managing Partner
Full Name (Last name first, if individual)	
1630 Timberwolf Drive, Holland, Ohio 43528	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: A Promoter Beneficial Owner E Executive Officer Direction of the Company of the Compa	ctor General and/or Managing Partner
Andrea J. Bhatt Full Name (Last name first, if individual)	
1630 Timberwolf Drive, Holland, Ohio 43528	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	etor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

					B 13	FORMATI	ON ABOU	I OFFERI	NG.				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							••••••	Yes	No X]			
						Appendix,				-		•	_
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	ny individ	ual?	••••••		••••••	<u>\$ 10,000</u>	
3.	Does the	e offering 1	permit joint	ownershi	p of a sing	le unit?						Yes [X]	No □
4.	Enter th	c informat	ion request	ed for eacl	h person w	ho has bee	n or will b	c paid or g	given, dire	ctly or ind	irectly, any		
			ilar remune: ted is an ass										
			me of the bi								ons of such		
Ful			first, if indi		****	·····							
Du	siness or	Dasidansa	Address (N	umbas and	Street Ci	tu State 7	in Code)				_		4.465
Du:	Siliess of	Residence	Audiess (ix	umber and	i Street, Cr	ty, State, 2	ip Code)						
Naı	mc of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
	(Check	"All States	" or check	individual	States)				•••••			☐ All	States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (I	ast name	first, if indi	vidual)					,	<u></u>			
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	me of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" or check	individual	States)	•••••	•••••	***************	••••••••	•••••	***************************************	☐ A1	States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI .	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (I	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								States					
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	5	\$
	Equity		
	∑ Common Preferred		-
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
			of Purchases \$400,000
	Accredited Investors		\$ 100,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
_	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$O
	Printing and Engraving Costs		\$
	Legal Fees	······································	\$ 125 , 000
	Accounting Fees		\$ 25,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 150,000
			

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		<u>\$1,100,000</u>
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	S
	Purchase of real estate]\$	\$
	Purchase, rental or leasing and installation of machinery and equipment		<u></u> \$
	Construction or leasing of plant buildings and facilities		<u></u> \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬ €	8 1,100,000
	Repayment of indebtedness	 ¬\$	
	Working capital		
	Other (specify):		
		\$	\$
	Column Totals	\$	\$ 1,100,000
	Total Payments Listed (column totals added)	[X \$ 1,	100,000
	D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commissinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writtei	
	uer (Print or Type) C MidAmerica, Inc.	Date May 6, 20	03
٧a	me of Signer (Print or Type) Title of Signer (Print or Type)	····	
Т	imothy J. Poure President and Chief Executive	Officer	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)